

Attachment B



RON CHAPMAN, MD, MPH
Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

**SAFE DRINKING WATER STATE REVOLVING FUND
PRE-PLANNING AND LEGAL ENTITY FORMATION ASSISTANCE PROGRAM**

2013 APPLICATION FOR PRE-PLANNING FUNDING

Applicants must submit **one complete paper copy and one digital copy** (on a CD/DVD in Adobe .pdf or Microsoft Word .doc format) of the application and all required attachments and supporting documentation by mail to :

ATTN: TECHNICAL SUPPORT UNIT
California Department of Public Health
Safe Drinking Water State Revolving Fund Program
P.O. Box 997377
Sacramento, CA 95899-7377

APPLICATION DUE DATE: NOVEMBER 8, 2013 (post marked)

For assistance and application guidance please contact Kim Dinh at (916) 552-9127 or Kim.Dinh@cdph.ca.gov
or your local Regional Funding Coordinator (RFC):
<http://www.cdph.ca.gov/programs/Documents/DDWEM/OriginalDistrictMapCDPH.pdf>

APPLICANT (Please print or type)

Legal Name of the Applicant (Name of entity applying for funding)

Location of the Project (define geographic area and/or identify affected community)

Title of the Project

County

Authorized Representative*

Title

Address (number, street)

City

ZIP code

Office Telephone

e-mail

Mobile Telephone

Fax

*Authorized Representative: Identify the person who has the authority to sign documents pertaining to this 2013 application and funding agreement for Pre-Planning funds. If there is a change of the authorized representative prior to final execution of the funding agreement, CDPH must be notified immediately in writing with a copy of a new resolution.

APPLICATION CERTIFICATION

I declare under penalty of law the following:

- The truthfulness of all representations in this application;
- The individual signing the form has the legal authority to submit this application on behalf of the applicant;
- There is no current, threatened or pending litigation that may impact the financial condition of the applicant or its ability to complete the proposed Project;
- The applicant will comply with all terms and conditions identified in this application if selected for funding; and
- The applicant has legal authority to enter into a contract with the State.

Signature:

Date:

Title:

Legal Name of the Applicant

ADDITIONAL PROJECT CONTACT INFORMATION *(Use additional sheets as necessary)*

List additional people if necessary that may be contacted for the Project. This may include project managers, administrative staff, professional contractors, and individuals filling out this application, etc.

Additional Project Contact		Title/Project Role	
Address (number, street)	City	ZIP code	Office Telephone ()
e-mail	Mobile Telephone ()	Fax ()	
Additional Project Contact		Title/Project Role	
Address (number, street)	City	ZIP code	Office Telephone ()
e-mail	Mobile Telephone ()	Fax ()	
Additional Project Contact		Title/Project Role	
Address (number, street)	City	ZIP code	Office Telephone ()
e-mail	Mobile Telephone ()	Fax ()	

ORGANIZATION TYPE OF THE APPLICANT *(Use additional sheets as necessary)*

Specify the Organization Type of the Applicant:

Public Organization <input type="checkbox"/> Municipality <input type="checkbox"/> County Agency <input type="checkbox"/> Special District <input type="checkbox"/> Irrigation District <input type="checkbox"/> Other: _____	Private Organization <input type="checkbox"/> Incorporated Mutual <input type="checkbox"/> Non-Profit Organization - Federal Tax ID #: _____ <i>Note: Non-profit organizations must include the appropriate IRS non-profit Federal Tax ID number.</i>
---	---

APPLICANT RESOLUTION (OR OTHER AUTHORIZING DOCUMENT APPLICABLE TO YOUR ENTITY)

The applicant must submit a resolution from the applicant's governing body designating the authorized representative and authorizing that individual to apply for SDWSRF Pre-Planning funds, sign a funding agreement, sign a Budget and Expenditure Summary, sign claim forms and a final release. *(See sample resolution at the end of this application.)*

1. Resolution Status:	<input type="checkbox"/> Pending, copy to be submitted when approved by governing body	<input type="checkbox"/> Approved, copy attached
-----------------------	--	--

If the resolution/other authorizing document has been approved by the applicant's governing body, **attach** a copy of the resolution/authorizing document to the application. If the authorization is pending, state the date that the authorization will be approved and any other information on its status. The resolution/authorizing document should be submitted to CDPH as soon as it is finalized.

2. Provide any additional information on the resolution status (i.e., date scheduled for approval).

WORK PLAN

The work plan consists of two parts:

Part A is in report format, questions and topics to be considered are provided below. Please provide relevant and concise details in your responses.

Part B is intended to be a task oriented overview. Please use the supplied template.

The work plan must be a concise, responsive, and well-developed plan such that the applicant will be ready to proceed with implementation of work plan activities if funding is awarded. Refer to the "Solicitation for 2013 Pre-Planning Applications" for a list of eligible and ineligible Project components: www.cdph.ca.gov/services/funding/Pages/Pre-Planning.aspx

Note: A "Project" for the purposes of the 2013 Pre-Planning application is limited to activities related to assisting communities with existing drinking water quality or quantity public health problems in the exploration and formation of an entity with the required legal authority to enter into a contract with the State for SDWSRF planning or construction funding. These funds are not intended to be used for activities which are eligible for funding under SDWSRF planning or construction projects.

WORK PLAN – PART A

1. PROJECT PURPOSE

- a. Provide a description of the Project, issues to be addressed and the goals to be achieved. The objectives should be specific, attainable, and relevant to successful completion of the Project. Discuss information relevant to the success of the Project.

- b. Describe the Project location. This should include a general description of the affected area and the county in which the affected area is located. **Attach** a map identifying the specific geographical area.

- c. **Attach** a parcel map that shows the location of homes and/or businesses included in the Project, if available.

2. BACKGROUND

Identify the drinking water public health problem in the affected community. Questions to address, if applicable, are as follows:

- a. What is the source of water (domestic well or surface water)?

b. What is the contaminant(s) (if applicable)?

c. What is the contaminant concentration level(s) (if applicable)? Provide the number of samples collected per parcel and range of detected concentrations, if available. Describe how the results represent the defined geographic area.

d. Describe the public health problem and explain how it fits into an SDWSRF Category A-G. **Attach** any available supporting documentation.

Consider the following example responses:

- Water quality testing results indicate elevated nitrate concentration levels, including some that exceed the MCL. Documentation attached includes a list of wells serving the affected area, water quality sampling results of a representative number of these wells, and verifies groundwater sources are scattered throughout the community, indicating the problem is widespread. Therefore we believe this would satisfy the requirements for a Category F ranking.
- The community was constructed in a hard rock area, the geology of which is known to cause the limited production of water in wells. In recent years the community has faced an increasing water quantity problem. Documentation attached lists parcels in the affected community and indicates those with a considerable decrease in pumping rates, including some wells that have gone dry. It is our understanding this supports a Category E ranking.

3. COMMUNITY SUPPORT

Community support is crucial to the successful completion of your Project. Please use the below section to demonstrate the extent of your public outreach and the public's response to it. A *Sample Acknowledgement Form* has been provided at the end of this application for your use. (Note that points are awarded based upon the degree of community support received. **Only property owner(s) of developed parcels can commit to participating as that is the person(s) with the legal authority to bind the property.**)

a. Has the governing entity to be formed already been determined?

If yes, please describe the steps taken to determine the entity, any pre-formation activities and **attach** any supporting documentation (if applicable).

- b. Have the steps to form the selected governing entity been identified? ☐ YES ☐ NO

If yes, have the tasks to accomplish the formation been included in Part B of the work plan? ☐ YES ☐ NO

Include any comments on the selected governing entity or its formation or governance, if necessary, in the box below.

- c. Is there written proof of support by affected property owners to be part of the Project? ☐ YES ☐ NO

If yes, please describe the steps taken and **attach** any supporting documentation.

- d. If the applicant has conducted public outreach or held community meetings to gauge support of the Project, describe those actions in detail and **attach** any relevant supporting documentation.

4. PERSONNEL

Applicants may use outside professional services or in-house staff to complete the tasks and deliverables identified in Part B of the work plan. In any case, it is the applicant's responsibility to ensure qualified and competent staff is assigned. Please note that several points are awarded based upon your diligence in this regard. Guidance on procurement of professional services can be found on our website at:

<http://www.cdph.ca.gov/certlic/drinkingwater/Documents/Funding/CaliforniaGuidetoSelectEngineeringFirm082012.doc>

- a. Will any tasks identified in Part B of the work plan be contracted out?

If professional services provider(s) have been selected, provide documentation which defines the cost structure (hourly fee vs. project fee), cost overrun containment, due dates, services to be performed, deliverables if applicable, etc. Include information on the provider's experience, clients served, etc. (Resumes may be **attached** to your application.)

- b. Describe the process that will be used to assure services are engaged on the basis of demonstrated competence and qualifications for the types of services to be performed. Include personnel expertise, experience (including unique contributions of each member or partner in the Project to achieving its overall purpose and objectives), proposed management, etc.

- c. For the in-house staff which will be used, provide a list of those staff positions by title. Identify the staff's annual salary, percentage of time assigned to the Project, total cost for the budget period, and project role. Compensation paid for employees engaged in the work activities must be consistent with payments for similar work within the applicant organization. Note that for salaries to be allowable as a direct charge to the Pre-Planning grant, a justification of how that person will be directly involved in the Project must be provided. General administrative activities/duties such as answering telephones, filing, typing, or accounting duties are not considered acceptable. (**Attach** the list of staff to your application, if applicable.) Below is a sample computation for in-house personnel:

Position/Title	Annual Salary	% of Time Assigned to Project	Cost
Project Manager	\$50,000	30%	\$15,000
Legal Counsel	\$175 per hour	20 hours	\$3,500
<i>(for sample purposes only)</i>			

Complete the following for the proposed Project:

Position/Title	Annual Salary	% of Time Assigned to Project	Cost

Note: this table is editable – please add rows as needed.

- d. Fringe Benefits for In-house Staff – Identify the percentage used and the basis for its computation. Only report fringe benefits for the staff identified in 4c above and for the percentage of time or hours devoted to the Project. Fringe benefits include but are not limited to the cost of leave, employees insurance, pensions, and unemployment benefit plans. You should not combine the fringe benefit costs with direct salaries and wages in the personnel cost identified in 4c above.

- e. Indirect/overhead costs – Similar to fringe benefits, identify indirect/overhead costs associated with the Project and explain the basis for computation.

- f. Travel – Explain the need for any travel. Mileage costs are limited to the federal reimbursement rate in affect at the time travel occurred.

WORK PLAN – PART B

Instructions: Please use the template provided below to identify the Project tasks to be performed. Include specific deliverables, timelines, costs, and assigned personnel (by title or other, not by name) for each task and a brief description of their responsibilities.

WORK PLAN – PART B (TEMPLATE)

APPLICANT:

PROJECT TASKS	DELIVERABLES	PERSONNEL	TIME TO COMPLETE	COST
Task 1:				\$0.00
Task 2:				\$0.00
Task 3:				\$0.00
Task 4:				\$0.00
Task 5:				\$0.00
Task 6:				\$0.00
Task 7:				\$0.00
<i>(add additional rows as needed)</i>				
TOTAL COST AND TIME TO COMPLETE			XXXXX	\$0.00

Note: this template is editable – please add rows as needed.

Examples of Work Plan Tasks:

Identification of potential water source:

- Feasibility study to identify sources of water for a community water system which would serve the affected area. Your plan might describe the actions to be taken such as an analysis of existing and/or potential water sources, and whether a particular source is a viable option for the community.
- If a potential source is an existing nearby PWS, provide the name of that PWS and identify documentation and/or agreements to be generated in this Project to provide water service to the affected community.
- If groundwater will be considered as a source, include the steps that will be taken to determine if the source meets safe drinking water standards.
- If a study will be done to identify potential sources of water, describe what the study entails, its goals and objectives, who will perform it, and expected deliverables.

Public outreach:

- A plan for public outreach, including the process to be used to identify, inform, invite, and involve persons in the affected area. For example, the public outreach plan could be to assess, evaluate, and develop recommendations for providing public information; hold public meetings, evaluate public outreach needs to garner public support and obtain the affected homeowner/customer support and consent.
- Deliverables could include the documents to inform the public of any meetings (i.e. flyers, newspapers advertisements), displays and/or presentations for public meetings, the actual holding of public meetings, an evaluation of public support, obtaining written documentation from affected parcel owners agreeing to participate, etc. (Public outreach information provided to the public should include a description of the decision making process used or to be used in selecting a legal entity and how an affected parcel owner goes about participating in the process.)
- Provide a brief description of the responsibilities of the person(s) assigned to each task. Keep in mind that only property owners, not renters, can consent to participating in the Project.

Identification of the legal entity to be formed:

- A detailed report of the types of legal entities to be evaluated or that will be considered, including the steps to form each type of entity, identification of the selected entity, reasons for selecting the chosen entity, the proposed governance model, the method with which members of the governing body will be selected, and identification of necessary salaried staff and/or management.. (Some examples of legal entities to consider are County Services Areas, incorporated mutual water companies, special districts, etc. Keep in mind that only publicly owned community water systems and not-for-profit water companies, typically mutual benefit corporations, may be eligible for grant funding under the SDWSRF program.)
- The legal entity formed will need to have such authority and powers as the following:
 - operate a public water system
 - undertake formation necessary to cover the targeted area/community(ies), such as a LAFCo application to extend district boundaries or annexation by local municipality or, if necessary, form an entirely new entity

- assess fees for domestic water supply on property owners and consumers in the targeted area or community(ies)
- legally bind the targeted area/community(ies) including affected individual property owners to accept and pay for domestic water supply from the selected entity
- hold necessary water rights or legally contract for water supply needed to supply the targeted area/community(ies)
- acquire or construct the necessary facilities
- acquire necessary rights to an adequate water supply source
- enter into a funding agreement with CDPH on behalf of the targeted area/community(ies)
- assess/charge the homeowners, as necessary, to fund any part of a Project not provided as grant funds and also to operate and maintain the Project for the long-term
- enter into contracts as necessary, with adjacent or neighboring public water systems for water supply sources
- enter into contracts with adjacent or neighboring public water systems for purposes of consolidation. This includes authority to transfer existing facilities (e.g. wells and distribution facilities) as necessary to achieve a consolidation or regional solution

Application Completeness Review Checklist

This checklist **must** be completed and submitted in the application. CDPH will determine the adequacy of the information submitted in its sole discretion.

Applicants are advised that only applications determined by CDPH to be complete will be processed. Partial applications **will not** be considered as "received" and **will not** be processed. CDPH will notify an applicant by letter when the application is deemed complete, at which time the review process will begin.

Complete	Section	Description
<input type="checkbox"/>		Signed Application
<input type="checkbox"/>		Applicant Resolution
<input type="checkbox"/>	WORK PLAN PART A	Completed Work Plan – Part A
<input type="checkbox"/>	WORK PLAN PART A1 (a-d)	Supporting Documentation of Public Health Threat
<input type="checkbox"/>	WORK PLAN PART A2 (b, c)	Geographic Map and Parcel Map(s) including APNs
<input type="checkbox"/>	WORK PLAN PART A3 (a-d)	Consent Form(s) (if provided)
<input type="checkbox"/>	WORK PLAN PART A4 (a, b)	Professional Services – Fee Structures, Resumes and Experience (if applicable)
<input type="checkbox"/>	WORK PLAN PART A4 (c)	In House Personnel – Roles and Salaries (if applicable)
<input type="checkbox"/>	WORK PLAN PART B	Completed Work Plan – Part B

**PROPERTY OWNER'S STATEMENT OF UNDERSTANDING
TO PARTICIPATE IN LEGAL ENTITY FORMATION PROGRAM**

SAMPLE ACKNOWLEDGEMENT FORM

I, _____ (print or type full name), am an owner of the
property at:

Property Address: _____

City: _____

Zip: _____

Assessor Parcel Number (APN) _____

By my initials, I agree to the following:

____ (Initial) I have been informed of the efforts to obtain grant funding from the California Department of Public Health (CDPH) Pre-Planning and Local Governance Assistance Program. I understand the applicant is proposing to use grant funding for the following:

(Applicant must insert information applicable to the Project)

____ (Initial) I understand that **a separate consent form will be required** for my property to become part of any legal entity formed and to become a customer of the new or re-formed existing public water system.

Signature: _____

Date: _____

Note: this sample is editable – please edit as needed.

SAMPLE RESOLUTION FOR PRE-PLANNING APPLICATION AND FUNDING AGREEMENT
RESOLUTION NO. _____

RESOLUTION OF _____ AUTHORIZING _____ TO SUBMIT THE APPLICATION FOR PRE-PLANNING FUNDING UNDER THE SAFE DRINKING WATER STATE REVOLVING FUND AND SIGN THE FUNDING AGREEMENT; _____ APPROVE CLAIMS FOR REIMBURSEMENT AND SIGN THE FINAL RELEASE FORM

WHEREAS, on (date), (Applicant entity's legal name) made application to the California Department of Public Health for a \$ _____ funding under the Pre-Planning program for receipt of grant funds intended to establish a fundable entity; and

WHEREAS, on (date), (Applicant entity's legal name/Board of Directors) adopted a project budget totaling up to \$250,000; and

WHEREAS, prior to the California Department of Public Health issuing a funding agreement, (Applicant entity's legal name/Board of Directors) is required to pass a resolution formally authorizing a person to submit the application and execute the funding agreement, designating a person to approve claims for reimbursement, and designating a person to sign the final release form.

NOW, THEREFORE, BE IT RESOLVED AND ORDERED, that the (Title of Authorized Representative) is hereby authorized to execute and submit the Application for Pre-Planning Funding and sign the funding agreement; and

BE IT FURTHER RESOLVED AND ORDERED, that the (Title of Authorized Representative) is hereby authorized to approve Claims for Reimbursement under the Pre-Planning program; and

BE IT FURTHER RESOLVED AND ORDERED, that the (Title of Authorized Representative) is hereby authorized to execute the Final Release for the Pre-Planning program; and

BE IT FURTHER RESOLVED AND ORDERED, the authority granted hereunder shall be deemed retroactive. All acts authorized hereunder and performed prior to the date of this Resolution are hereby ratified and affirmed. Any and all acts taken by (Title of Authorized Representative) that are consistent with the intent and purposes of the foregoing resolutions, shall be and hereby are, in all respects, approved and confirmed. The California Department of Public Health is authorized to rely upon this Resolution until written notice to the contrary, executed by each of the undersigned, is received by the California Department of Public Health. The California Department of Public Health shall be entitled to act in reliance upon the matters contained herein, notwithstanding anything to the contrary contained in the formation documents of (Applicant entity's legal name) or in any other document.

.....
Passed and adopted by (Applicant entity's legal name/Board of Directors) on (date), by the following vote:

AYES:	Directors	_____
NOES:	Directors	_____
EXCUSED:	Directors	_____
		_____, President

ATTEST:

_____, Secretary of the _____

By: _____, Deputy Clerk

Note: this sample is editable – please edit as needed.